Virginia Joint Commission on Health Care

Staff Report: Minority Access to Mental Health Services

SJR 25, 2004 (Patron: Senator Henry Marsh)

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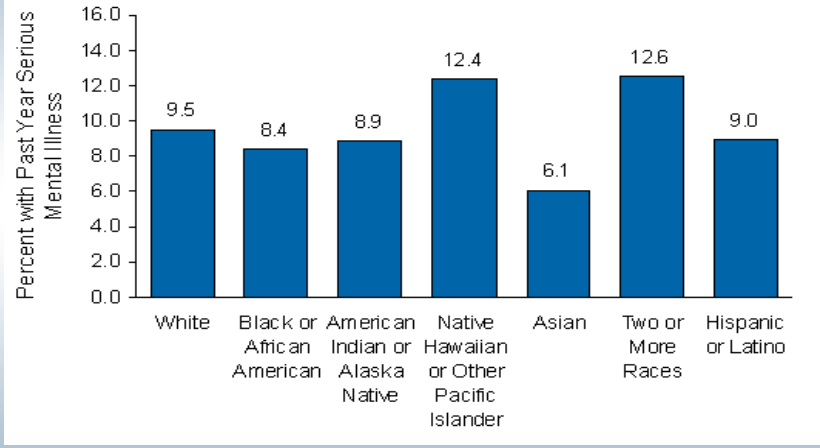
Introduction

National Co-Morbidity Study Findings (2001)

Disorder	Rate	Disorder	Rate
All Anxiety	**16.4%**	**Schizophrenia**	**1.3%**
Simple Phobia	8.3%	Non-affective Psychosis	0.2%
Social Phobia	2.0%	Somatization	0.2%
Agoraphobia	4.9%	**Anti-social Personality**	**2.1%**
Panic Disorder	1.6%	**Anorexia**	**0.1%**
Mood Disorders	**7.1%**	**Lifetime Incidence [all]**	**25%**
Major Depress.	6.5%		
Unipolar	5.3%		
Dysthymia	1.6%		
Bipolar	1.1%		

Past Year Serious Mental Illness among Adults Aged 18 or Older, by Race/Ethnicity: 2003



Source: Dept. of Health & Human Services. National Survey on Drug Abuse: Volume I. Summary of National Findings; Prevalence and Treatment of Mental Health Problems (2003).

Summary of Findings of Admissions to the Public Mental Hospitals in Virginia 1990-1999

Group	Group's Percent of Total Virginia Pop.	Hospital Admissions	Percentage of Total Admissions
Selected Findings	Selected Findings	Selected Findings	Selected Findings
European Americans	76.19	68,653	63.54
American Indians	.24	135	.12
Asian Americans	2.53	579	.54
African Americans	18.49	37,872	35.05
Latino Americans	2.55	811	.75

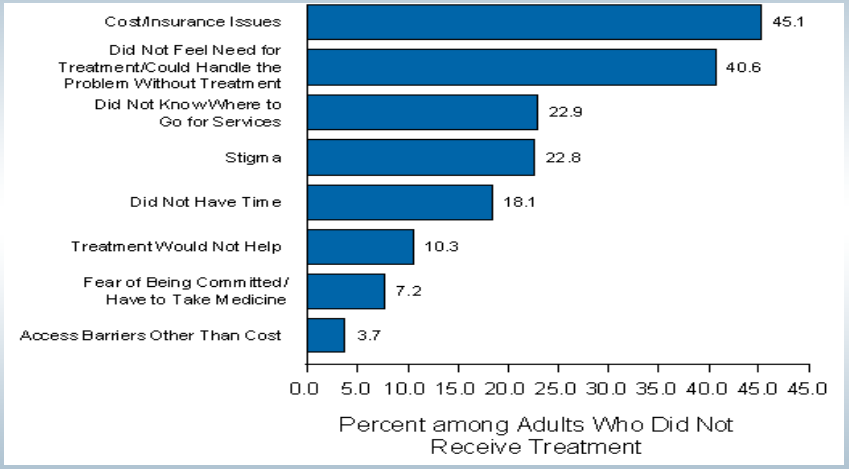
Source: Dr. King Davis. Hogg Foundation for Mental Health. Austin, TX

Black-White Comparison of Cumulative Proportions of Cases making Treatment Contact by Selected Years After Disorder Onset

	Cumulative Percentages						
# years after disorder onset	1	2	5	10	15	20	30
Major Depression							
African American	27.2	31.7	39.0	46.4	57.4	64.3	77.6
White American	39.5	44.4	51.1	58.2	64.7	70.3	78.0
Bipolar Disorder							
African American	17.3	19.5	24.5	33.0	38.1	38.1	43.9
White American	40.5	44.3	49.8	58.2	70.5	71.3	79.4

Source: Neighbors, Baser & Martin (2007). Unpublished data from the National Survey of American Life

Reasons for Not Receiving Treatment in the Past Year among Persons Aged 18 or Older with an Unmet Need for Treatment Who Did Not Receive Treatment: 2003



Source: Dept. of Health & Human Services. National Survey on Drug Abuse: Volume I. Summary of National Findings; Prevalence and Treatment of Mental Health Problems (2003).

Race/Ethnic Mental Health Disparities

- Minimal "true" epidemiological differences in incidence & prevalence by race and ethnicity
- National Institute of Mental Health (NIMH) 5 year strategic plan focuses on disparities in *services*
- Key Disparities:
  - Access to quality services
  - Help seeking and help utilization
  - Negative experiences within the system
  - Pervasiveness of stigma
  - Language and cultural competence
  - Lack of inclusion in research and clinical trials

Cultural Competence

Cultural Competence

Defined as a set of congruent practice skills, behaviors, attitudes and policies that come together in a system, agency or among providers and professionals that enables that system, agency, or professionals to work effectively in cross-cultural situations.

Source: Cross TL, Bazron BJ, et al. Towards a Culturally Competent System of Care. CASSP Technical Assistance Center, Georgetown University Child Development Center, March 1989

In the mental health care setting, culture impacts how people:

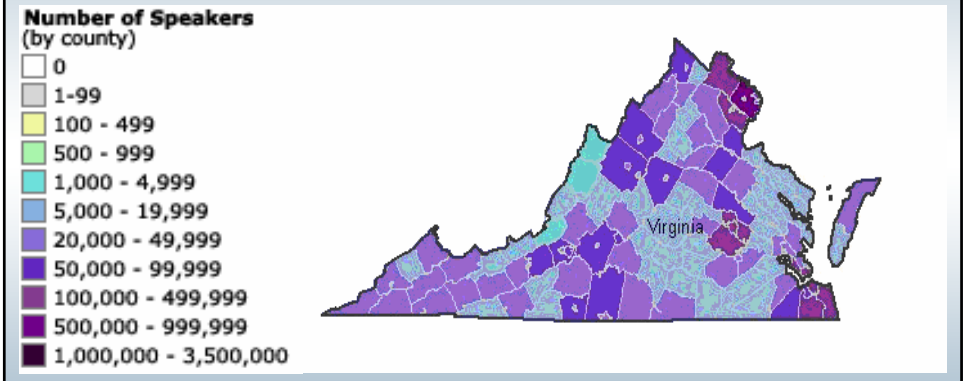
- Label and communicate distress
- Explain the causes of mental health problems
- Perceive mental health providers
- Utilize and respond to mental health treatment

Importance of Language Interpretation Services

"A call from the mother and sister of a Spanish-speaking man reported that he was "intoxicado." Paramedics and the hospital personnel incorrectly interpreted this as intoxicated or drunk and, therefore left him alone, offering no treatment. It turned out the man was actually having a stroke and this mistake resulted in him being paralyzed. After settling out of court, the health care institution was required to pay $71 million."

Source: Virginia CLAS Act Initiative

Non-English Language Speakers in Virginia, By County



Map provided by the Modern Language Association. Source Data: Census 2000

Goal of Cultural Competence Involves:

- Recognizing that culturally appropriate, community-driven programs are critical
- Promoting cultural awareness
- Encouraging cultural competence inclusion in medical school and health careers curriculum
- Advocating for the needs of the patients by providing translators, culturally competent information and instructions in simple language

Goal of Cultural Competence Involves:

- Encouraging recruitment, admission and retention of persons of color into the health professions
- Fostering mentorships for young people to help them remain in school and work towards a goal
- Supporting other physicians and health workers of color in attaining their goals

Goal of Cultural Competence

Why is this goal important?

Research shows that providing competent cultural & language services can and does:

Improve ***health outcomes***

Increase patient ***compliance***

Be more ***cost effective***

Increase patient ***satisfaction***

Increase access to health care

Source: VDH Office of Minority Health & Public Health Policy (OMHPHP)

Current Efforts to Increase Cultural Competence

- DMHMRSAS: Workforce & Cultural Competency Conference. October 24 & 25, 2007. Newport News, VA
- Office of Minority Health & Public Health Policy: CLAS Act Initiative
  - CLAS Act Coordinator: Fatima Sharif (Fatima.Sharif@vdh.virginia.gov)
  - Goal: Increase access to quality health care for Virginia's increasingly diverse populations by providing and developing resources related to culturally and linguistically appropriate public health services

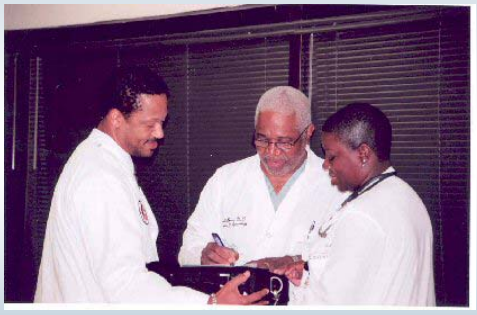
Current Efforts to Increase Cultural Competence

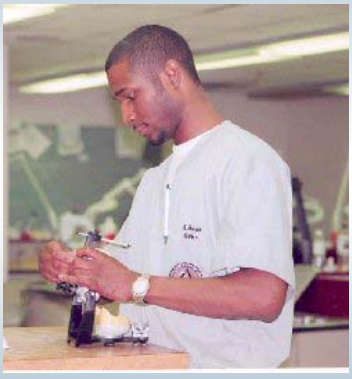
- CLAS Act Initiative (continued)
  - www.CLASActVirginia.org is a resource guide to assist health care providers. Resources include training, reports, and other documents on:
    - Cultural competence
    - Overcoming language barriers
    - Translation
    - Interpretation

Current Efforts to Increase Cultural Competence

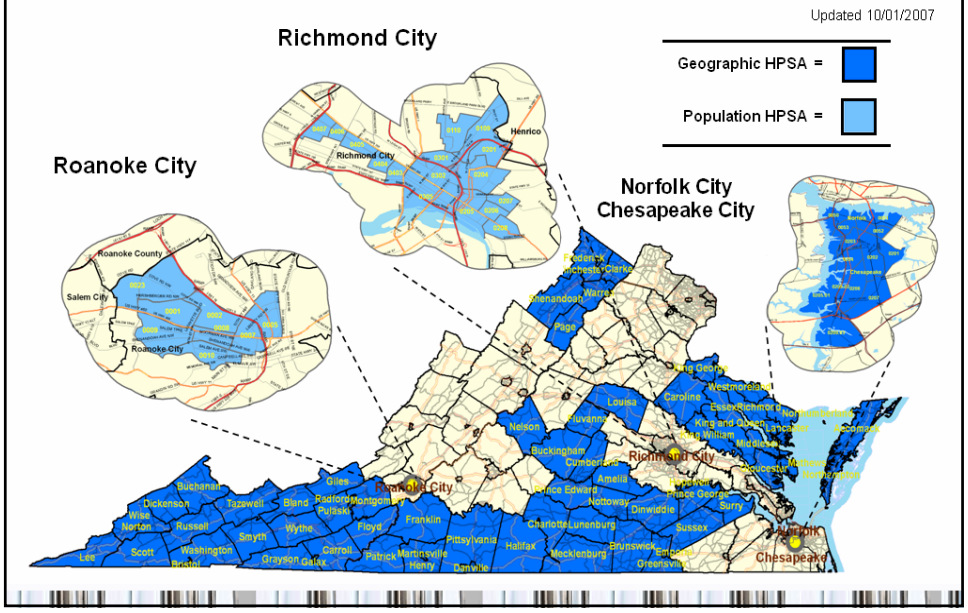
- CLAS Act Initiative (continued)
  - Resources are specific to Virginia with regionally appropriate information on:
    - Language service programs
    - Multicultural health and human service programs
    - Virginia studies and reports
    - Regional conferences and training
  - Translated resources through the site include
    - Links to thousands of translated documents
    - Commonly used clinical phrases in Spanish and Korean with accompanying audio and visual flip charts

Workforce Shortages

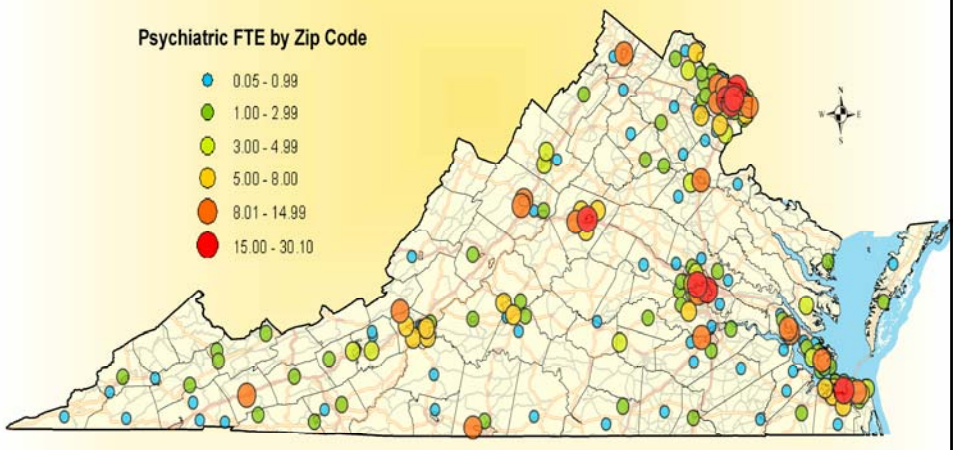




Virginia Mental Health Professional Shortage Areas (HPSA)

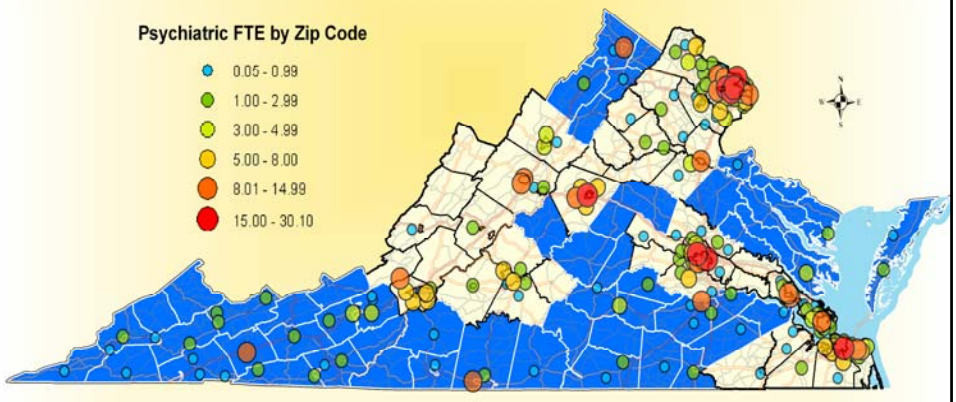


All Virginia Psychiatric Practice Sites Aggregated to Zip Codes*



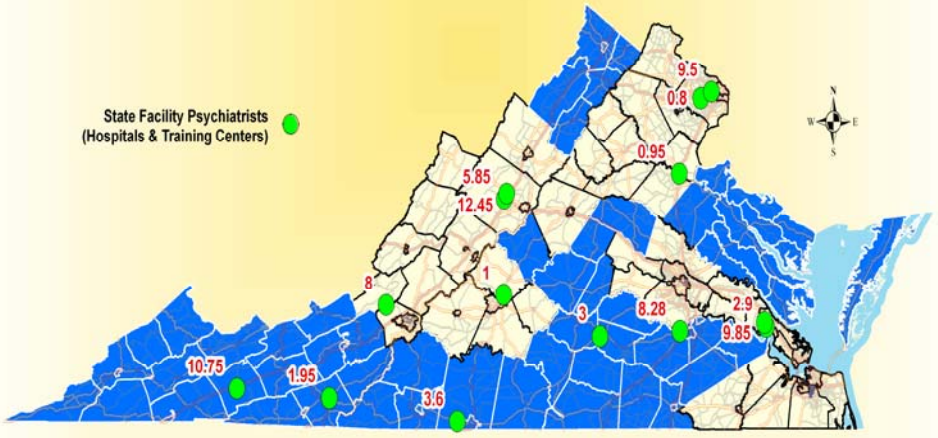
* Source: Virginia Board of Medicine: http://www.vahealthprovider.com/

All Virginia Psychiatric Practice Sites Aggregated to Zip Codes with HPSAs Identified*



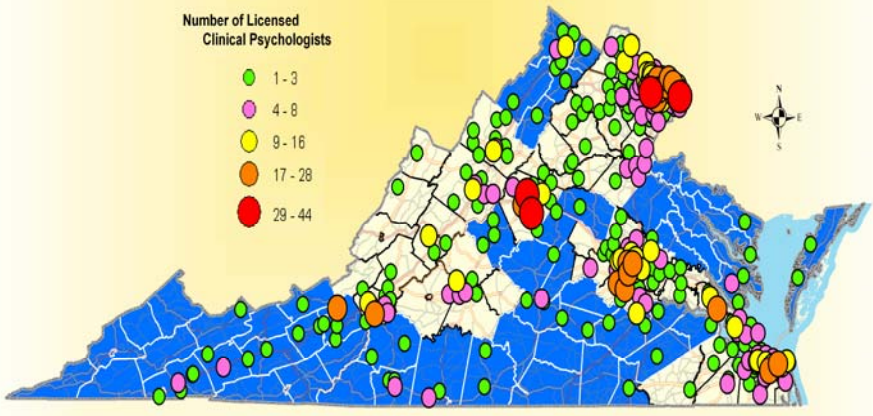
* Source: Virginia Board of Medicine: http://www.vahealthprovider.com/

Psychiatrists Practicing at State Mental Health Facilities with FTE estimates *



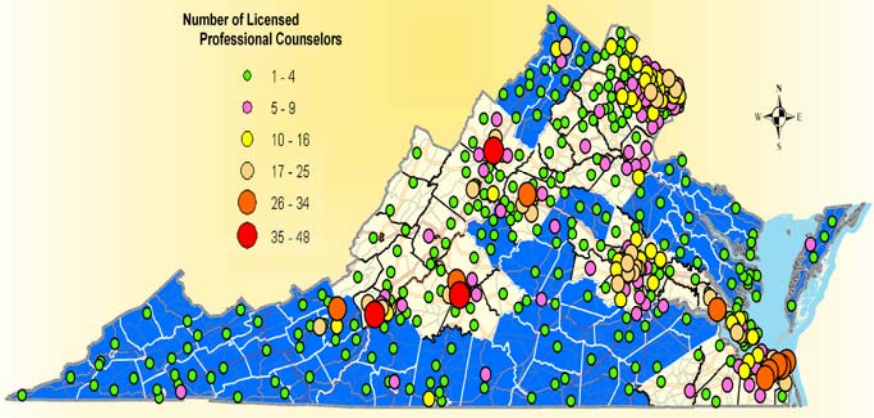
* Source: Virginia Board of Medicine: http://www.vahealthprovider.com/. The Zip Code FTE summaries are estimates computed from self-identification with a state practice site or with a state facility address within the Board of Medicine database.

Licensed Clinical Psychologists in Virginia
Zip Code Count Summary *



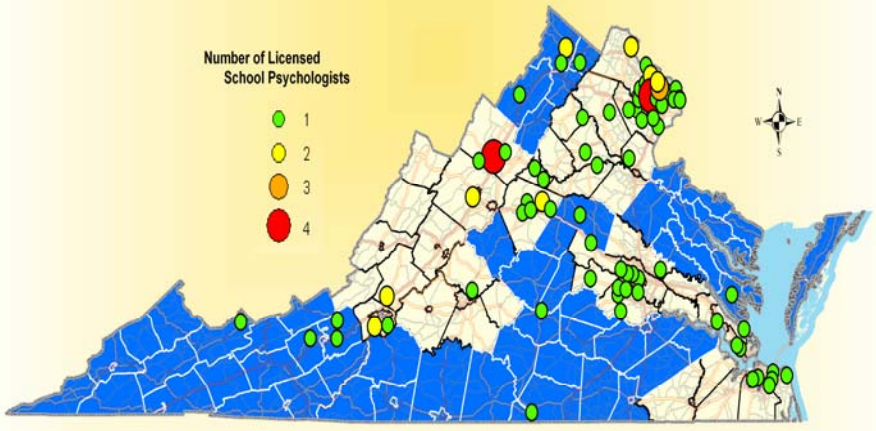
* Source: Virginia Department of Health Professions: http://www2.vipnet.org/dhp/cgi-bin/search_publicdb.cgihttp://www.vahealthprovider.com/. The Zip Code summaries are counts of Licensed Clinical Psychologists and represent only the licensure location of record and not practice activity or FTE estimates.

Licensed Professional Counselors in Virginia
Zip Code Count Summary *



* Source: Virginia Department of Health Professions: http://www2.vipnet.org/dhp/cgi-bin/search_publicdb.cgihttp://www.vahealthprovider.com/. The Zip Code summaries are counts of Licensed Professional Counselors and represent only the licensure location of record and not practice activity or FTE estimates.

Licensed School Psychologists in Virginia Zip Code Count Summary *



* Source: Virginia Department of Health Professions: http://www2.vipnet.org/dhp/cgi-bin/search_publicdb.cgihttp://www.vahealthprovider.com/. The Zip Code summaries are counts of Licensed School Psychologists and represent only the licensure location of record and not practice activity or FTE estimates.

Current Efforts to Increase Health Professionals in Underserved Areas

- Virginia Department of Health Loan Repayment Programs
  - VLRP (State funded program) & SLRP (State/federal matched funds)
  - Purpose is to recruit and retain primary care professionals in health professional shortage areas (HPSAs) and medically underserved areas (MUAs)
  - Intended for post-residency
  - $50,000 for 2 year commitment
  - $35,000 for 1-2 additional year(s)
  - Minimum loan defaults due to flexibility of program
    - I.e. VDH can approve a recipient to change their practice site without going into default.

Current Efforts to Increase Health Professionals in Underserved Areas

- Virginia's Nurse Practitioner/Nurse Midwife Scholarship Program
  - $5000 per year for maximum of 2 years
  - Funds appropriated by the VA General Assembly ($25,000)
  - One year of service in medically underserved area required for each year that scholarship was received
- J1 Visa Waiver
  - For foreign medical students to do residency in the U.S.
  - Required to work in medically underserved area for 3 years
  - Virginia fills approximately 14 of 30 available slots
- Key Issues: Increase retention efforts and OMH&PHP staff

Current Efforts to Increase Health Professionals in Underserved Areas

- $493,000 General Funds was appropriated for FY2008 for 8 internship positions in medically underserved areas for individuals specializing in child psychology or child psychiatry at a Virginia institution of higher education.
- Virginia College of Osteopathic Medicine

Challenges

- Increasing the number of culturally competent providers
- Increasing awareness & availability of linguistic/translation services
- Mentoring young people into health careers: recruitment and promotion
- Inclusion of minorities in research & clinical trials
- Improving the health of our communities
- Fostering healthcare partnerships and collaboration

Source: Nereida Correa M.D. February 26, 2004. Women's Healthcare Network-Iona College

Policy Options

Option 1: Take no action

Option 2: Request by letter from JCHC Chairman for the Virginia Department of Health Professions (or Board of Medicine/Psychology) to examine the issue of requiring cultural competence training for licensure of health practitioners.

New Jersey (Senate Bill 144): Passed 2005

Requires doctors to receive cultural competence training before they can obtain a state medical license or be re-licensed. The State Board of Medical Examiners determines required hours of training

California (Assembly Bill 1195): Passed 2006

Requires all continuing medical education courses, unless exempted, to contain curriculum pertaining to cultural and linguistic competence in the practice of medicine

Policy Options

Option 3: Request by letter from JCHC Chairman for the State Council of Higher Education for Virginia (SCHEV) to examine the issue of requiring cultural competence training as part of college curriculum for health profession majors.

Washington (Senate Bill 6194): Passed 2006

1. Each education program with a curriculum to train health professionals for employment in a profession credentialed by a disciplining authority shall require a course in multicultural health as part of its basic education preparation curriculum
2. Each health professional regulatory authority authorized to establish continuing education requirements according to this title shall adopt rules that provide continuing education training in multicultural health. Each such authority shall consult with a knowledgeable entity within a state institution of higher education specializing in health disparities & multicultural care or with the department of health in the development of these rules

Acknowledgements

- Office of Minority Health & Public Health Policy
  - Dr. Michael Royster, Director
  - Kenneth Studer, Rural Health Manager
  - Aileen Harris, Incentives Coordinator
- Dr. King Davis, Director of Hogg Foundation for Mental Health. Austin, Texas
- Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS)
  - India Sue Ridout, Human Resources & Workforce Development Manager
- Fatima Sharif, Virginia Department of Health, CLAS Act Coordinator
- Allen Lewis and Mary K. Blair, Virginia Commonwealth University, Department of Rehabilitation Counseling

Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on November 5, 2007. However, to ensure comments are included in the preliminary matrix draft that will be distributed to JCHC members prior to the meeting, the comments must be received by close of business November 1st.
- Comments may be submitted via:
  - Email sareid@leg.state.va.us
  - Fax: 804-786-5538 or
  - Mail: Joint Commission on Health Care
    P.O. Box 1322
    Richmond, VA 23218
  - Comments will be summarized and presented to JCHC during its November 8th meeting.

JCHC Members

Delegate Phillip A. Hamilton, Chairman
Senator Stephen H. Martin, Vice-Chairman

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Senator Harry B. Blevins
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The Honorable Marilyn B. Tavenner
Secretary of Health and Human Resources

Internet Address

Visit the Joint Commission on Health at its new website:
http://jchc.state.va.us/

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